

RHINOPHYMA.¹

REPORT OF A CASE, WITH OPERATION FOR ITS RELIEF.

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F. W., aged sixty-five years, a tailor, was admitted to the Jefferson Medical College Hospital October 26, 1903. His family history is of no importance, excepting that no case of tuberculosis or of malignant disease is known to him. He himself never suffered from the diseases of childhood, but thirty years ago he had an attack of smallpox. He denies venereal disease. He was discharged from the German army in 1862 owing to the fact that he had convulsions at times. These came on eighteen months after he had enlisted, and were irregular in their occurrence. He has had none for over a year. There is no history of injury to his nose.

Fifteen years ago he had what appears from his description to have corresponded to an attack of acne rosacea, when his face became reddened with a marked eruption of small pustules. His entire face soon became involved, but the brunt of the attack was on his nose and over a considerable adjacent area of each cheek. The face improved, but the nose got worse, and began slowly and gradually to enlarge. It has not interfered with his breathing, but has seriously interfered with his eating. He cannot take any liquid, for example, soup, in a tablespoon without lifting his nose upward out of the way. The nose is painless. It is apt to bleed a little in the morning, owing to his rubbing it in washing his face.

On admission, a very large growth appears to involve all the nose except the upper quarter. The growth is very lobulated, with deep fissures between the lobules, the larger mass being on the right side. It is firm to the touch and, if one may

¹ Read before the Philadelphia Academy of Surgery, January 4, 1904.

judge from the color, would seem to be highly vascular. The alæ of the nose are particularly thickened (Figs. 1 and 2). Urine normal.

Operation, October 28, 1903, under ether. I excised the central portion of the growth from the upper margin of the diseased area down to the tip of the nose by an elliptical incision, the long axis of which corresponded to the bridge of the nose. I then sutured the edges. The pressure of my finger in suturing the lobules of tissue squeezed out from the ducts of the sebaceous glands a number of columns of sebaceous matter, commonly known as "worms." On the alæ of the nose, as it was impossible to obtain a suitable ellipse, I contented myself by simply shaving off all the hypertrophied tissue. The hæmorrhage was not severe; not a single vessel had to be ligated. A few clamps applied for a few minutes and the sutures checked the hæmorrhage almost entirely, and a little adrenalin solution applied on the raw surface where I had shaved it completed the hæmostasis. Between the dressing and skin a bit of gutta-percha tissue was placed so as to prevent adhesion of the dressing to the wound, which would retard the cicatrization.

He made a perfectly smooth recovery from the operation.

On November 4, one week after the operation, a little further paring of the alæ of the nose, so as still further to improve its appearance, was done. On December 12 another operation was done, inasmuch as the second operation left a slight fissure between the ala and the tip of the nose on the left side. The edges of this were pared and approximated by a few sutures. December 17, five days later, these silk sutures were removed. The photographs showing the result of the operation were taken on December 21 (Figs. 3 and 4).

The operation on November 4 was done without any anæsthetic, as it was very slight and he suffered relatively little pain. At the third operation, I infiltrated the nose with a little β -eucaine and adrenalin, but the infiltration was not successful in allaying the pain. At the end of this little operation he had a brief, but marked, general convulsion, during which he seemed to lose consciousness.

Professor Coplin, to whom the specimen was sent, reports that the "histologic examination shows the majority of the sections to be composed mainly of fibrous tissue, a part of the border



FIG. 1.—Appearance before operation.



FIG. 2.—Appearance before operation.



FIG. 3.—Appearance after operation. The corrugated condition of the skin is more marked than on the nose itself.



FIG. 4.—Appearance after operation.

being formed of stratified epithelial cells, such as are found in normal skin, though the layers of cells are rather fewer in number than is usually found. The corium and subcutaneous tissues are directly continuous with, and similar in structure to, the deeper parts of the sections, which are composed of fairly loose, cellular, fibrous tissue containing numerous lymph spaces and blood-vessels. The fibrils of this tissue are exceedingly wavy and irregularly placed. A very conspicuous feature of the sections is the sebaceous glands, which are greatly increased in size and in some areas apparently in number, presenting in the latter instances an adenomatous appearance. Around some of the infoldings of the skin are quite dense accumulations of small mononuclear cells.

“Diagnosis.—Soft fibroma of the skin with distention of the acini, and possibly a hyperplasia of sebaceous glands.”

Remarks.—This is one of the most marked cases of aene rosacea terminating in a true rhinophyma that I have ever seen personally. In the *Beiträge zur klinische Chirurgie*, Band xxxix, Heft 1, von Brüns gives some excellent illustrations, some of them colored in a very lifelike manner, of this condition. The photographs of the present case show, without, however, the advantage of color, the condition before operation, and how successfully the patient was relieved from not only his deformity, but of a serious disability so far as his mingling in social life was concerned, especially at meals, for no one likes to eat at table with another person when the latter has to lift his nose out of the soup with each spoonful.

In some of these cases surgeons have been deterred by the fear of hæmorrhage, which the experience of von Brüns and the present case show is not well founded. The result of the operation was all that could be desired, as the photographs show.

My experience in this case would lead me to suggest that it is desirable, in case the entire skin is not removed and the edges sutured, but the skin shaved off, that this shaving should not go entirely through the skin. In only one place towards the tip of the nose on the left side did I shave away the entire thick-

ness of the skin. At this point there is distinct scar tissue. In other parts of the nose, where I only shaved one-half or two-thirds through the thickness of the skin, there is a cutaneous surface which, though not entirely normal, is much better than the scar tissue.